

FILED 30 MAY 23 11:04 USDC-ORP

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

District of OregonPortland Division

(HUMAN BEING)

LeAndrew-Laronn: MeneffeeTM
Secured Party creditor, A.R. 1-207
Without PrejudiceLEANDREW-LARONN: MENEFFEETM - Fiction

Case No.

3:23-cv-00785-SI

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint.
If the names of all the plaintiffs cannot fit in the space above,
please write "see attached" in the space and attach an additional
page with the full list of names.)

-v-

WASHINGTON COUNTY JAIL
TIGARD POLICE DEPARTMENT
WASHINGTON COUNTY COURTHOUSE

Defendant(s)

(Write the full name of each defendant who is being sued. If the
names of all the defendants cannot fit in the space above, please
write "see attached" in the space and attach an additional page
with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

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I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

All other names by which
you have been known:

ID Number

Current Institution

Address

Le Andrew - Larenn! Menefee™ (E)
SECURED PARTY CREDITOR, Authorized Representative
LIVING Breathing, Flesh and Blood, MAN
1199615.
Oregon State Department
2605 STATE STREET
Salem O.R. 97310
City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Job or Title (if known)

Shield Number

Employer

Address

Washington County Jail
Sheriff, Capt, Corp, Lieutenants, Deputies
? ? ? ? ?
STATE OF OREGON
215 S.W. Adams Ave
Hillsboro O.R. 97123
City State Zip Code

☐ Individual capacity ☒ Official capacity

Defendant No. 2

Name

Job or Title (if known)

Shield Number

Employer

Address

Tigard Police Department
13125 SW. Hall Blvd
Tigard, O.R. 97223
Notice to Agent, Notice to Principal
Chief, Capt, Lieutenants, Sergeants.
Tigard O.R. 97223
City State Zip Code

☐ Individual capacity ☒ Official capacity

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Defendant No. 3

Name

Job or Title (if known)

Shield Number

Employer

Address

Washington County Courthouse

150 N 1st Ave MS 37

H7715600, O.R. 97124

City

State

Zip Code

☐

Individual capacity

☐

Official capacity

Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code

☐

Individual capacity

☐

Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐Federal officials (a *Bivens* claim)☒

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Third Amendment, Fourth Amendment, Eighth Amendment

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

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- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

that they were going to harm Kidnapp, and cause Severe mental anguish, under color of law. The defendant's fully understood misrepresentation, threat, coercion, causing Bodily irreparable harm, and severe mental Anguish, pain and suffering.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☒ Other (explain) *Plea, under Threat, coercion & Extreme Duress*

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.
On March 27th, 2023, Plaintiff was forced, threatened with death, and extreme bodily harm by TIGARD POLICE OFFICERS. Detained without warrant or evidence of crime. Tigard police acted wrongfully, intentionally & knowingly IN-Breach of Contract. With the intent, to HARM OR KILL, then Contracted me to Washington county Jail.
- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.
On March 28th Plaintiff was treated as a slave and property when Tigard police, sub contracted with WASHINGTON COUNTY JAIL. BY THREAT COERCION, put under EXTREME Duress causing Bodily harm, EXTREME SEVERE EMOTIONAL/MENTAL ANGUISH, pain and suffering, causing IRREPARABLE HARM.

C. What date and approximate time did the events giving rise to your claim(s) occur?

March 27th, 2023 @ approximately 9:30-10:30 PM
 March 28th, 2023 @ approximately 2:00-7:00 AM

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

plaintiff, certified mailed, Notice of Understanding and Intent & Claim of Right to Tigrard Police Dept and Washington County Jail, ALSO Washington County Courthouse. Tigrard Police was sent Notice on: 10/20/202, Washington County Jail was sent Notice & Copyright Notice on: 9/21/2020, Washington County Court clerk: 8/19/2020. All of plaintiff's documents, notices, Copyright claims were witnessed and Notarized By Washington County Jail Notary's. Highest Judicial officers, and Highest witness, Commissioned by Secretary of State.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

The pain and suffering is IRREPAIRABLE! NERVE DAMAGE IN MY WRISTS FROM HAND CUFFS BEING TOO TIGHT. SEVERE MENTAL ANGUISH FROM CONSTANT THREATS AND COERCION. Plaintiff takes Hydroxyzine for Depression/Anxiety. HAS ONLY TAKEN IT, AND STARTED TAKING IT to deal with the intentional treatment of Tigrard Police and Washington County Jail. Further Harm IS DONE EVERYDAY. P.T.S.D. Post Traumatic Stress Disorder, Irreparable Harm, From intentional Negligence By officers and deputies.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes.

If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Plaintiff is being caused Damages EVERYDAY - FORCED TO SLEEP ON Concrete OR Steel Because of the coercion and threats. Defendant's are harbengers of deadly weaponry. i.e. Guns, Pepper spray, Solitary Confinement, Malnutrition meals. For violations of Third, Fourth and Eighth Amendment plaintiff is seeking 20,000,000.00 FOR Irreparable Harm - SEVERE MENTAL ANGUISH, pain & Suffering, and punitive damages is in excess of 8,000,000.00 Million. in Gold species. Convertible @ equal amount in U.S. Dollars

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VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☐ Yes

☒ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☐ Yes

☐ No

☒ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☐ Do not know

If yes, which claim(s)?

This was an intentional Body & Mental BEATING DOWN - FORCED SLAVERY - KNOWINGLY by defendants

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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☐ Yes

☒ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

- E. If you did file a grievance:

1. Where did you file the grievance?

N/A

2. What did you claim in your grievance?

N/A

3. What was the result, if any?

N/A

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

N/A

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

Notice to Agent, Notice to Principle.
Service upon one, is service upon All.The dates of certified mail & Witnessed by Notary were
previously mentioned. Defendants were ESTOPPED.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

N/A

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

Copies of certified mail Documents
that are Notarized (witnessed), and were sent
out on previous dates ARE ATTACHED.

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

IRREPARABLE HARM.

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*
- _____

3. Docket or index number
- _____

4. Name of Judge assigned to your case
- _____

5. Approximate date of filing lawsuit
- _____

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*
- _____

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment? *NO.*

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☐ Yes☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

Form 39.010

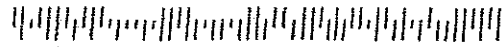
Certificate of Readiness

This proposed order is ready for judicial signature because service is not required under UTCR 5.100 because this order is submitted **ex parte** as allowed by statute or rule

Submitted by: ☒ plaintiff/petitioner ☐ defendant/respondent ☐ other: _____
By: LeAndrew-Larson: Menefee *LeAndrew-Larson: Menefee*
 Signature Print Name

I understand that I am subject to penalty for perjury for giving false information to the court. I believe all factual information in this Order is true. I understand that this Order is enforceable by the court.

05/23/2023 *By: LeAndrew-Larson: Menefee*
 Date Signature "without prejudice" 1-207
Washington County Jail *LeAndrew-Larson: Menefee*
 215 S.W. Adams Ave. Name (printed)
Hillsboro, O.R. 97123 *503-268-7973*
 Contact Address City, State, ZIP Contact Phone



LE
SID#11966115
OREGON STATE PENITENTIARY
2605 STATE ST.
SALEM, OR 97310



U.S. DISTRICT COURT
1000 SW AVE #740
PORTLAND, OR 97204

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